

## Division of Health Care Facilities

STATEMENT OF DEFICIENCIES  
AND PLAN OF CORRECTION(X1) PROVIDER/SUPPLIER/CLIA  
IDENTIFICATION NUMBER:

TN1801

(X2) MULTIPLE CONSTRUCTION

A. BUILDING 01 - MAIN BUILDING 01

B. WING

(X3) DATE SURVEY  
COMPLETED

07/12/2010

NAME OF PROVIDER OR SUPPLIER

LIFE CARE CENTER OF CROSSVILLE

STREET ADDRESS, CITY, STATE, ZIP CODE

80 JUSTICE ST  
CROSSVILLE, TN 38555

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 832	<p>1200-8-6-.08(2) Building Standards</p> <p>(2) The condition of the physical plant and the overall nursing home environment must be developed and maintained in such a manner that the safety and well-being of residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observations it was determined the facility failed to maintain the physical environment.</p> <p>The findings include:</p> <p>Observation of room 163 on 7/12/10 at 10:28 a.m. revealed the bathroom's ceiling had water damaged. Tennessee Department Of Health. (TDOH) 1200-8-6.08(2)</p> <p>Observation of room 151 on 7/12/10 at 10:46 a.m. revealed the ceiling had water damaged. TDOH 1200-8-6.08(2)</p> <p>Observation of room 147 on 7/12/10 at 10:47 a.m. revealed the ceiling had mold and water damaged. TDOH 1200-8-6.08(2)</p> <p>Observation of room 150 on 7/12/10 at 10:49 a.m. revealed the bathrooms' door was sticking to the floor. TDOH 1200-8-6.08(2)</p> <p>Observation of the house keeping room on 7/12/10 at 10:54 a.m. revealed no self-closer installed on the door. TDOH 1200-8-6.08(2)</p> <p>These findings were acknowledged by the Administrator and verified by the Director Of Maintenance at the exit interview on 7/12/10.</p>	N 832	<p>N 832</p> <p>1) What corrective action will be Accomplished for those residents found to have been affected By the deficient practice?</p> <p>It is the practice of this facility to assure That all resident areas are maintained in Such a manner that safety and well being Of residents are assured to include:</p> <p>The Director of Maintenance and Maintenance Assistant repaired the Bathroom ceiling of in room 163, 151, And 147 on 7/23/10.</p> <p>The Director of Maintenance and Maintenance Assistant repaired the Bathroom door in room 150 on 7/23/10 and the door no longer sticks to the floor.</p> <p>A Contract Vendor installed a self Closer on the housekeeping room Door on 7/19/10.</p> <p>2) How will you identify other residents Having the potential to be affected by the same deficient practice?</p> <p>The Director of Maintenance and Maintenance Assistant reviewed facility Ceilings for damage on 7/23/10 and all areas Are free of water damage or mold.</p> <p>The Director of Maintenance and Maintenance Assistant reviewed all Bathroom doors on 7/23/10 and all doors remain free from sticking.</p> <p>The Director of Maintenance reviewed All housekeeping room doors on 7/23/10 And all have self closers in place.</p>	<p>7/23/10</p> <p>7/23/10</p> <p>7/19/10</p> <p>7/23/10</p> <p>7/23/10</p> <p>7/23/10</p>

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

TITLE

Executive Director

(X6) DATE

7/29/10

If continuation sheet 1 of 1

ES3K21

## Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN1B01	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED  07/12/2010
NAME OF PROVIDER OR SUPPLIER  NORTH CROSSVILLE CARE CENTER OF CROSSVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 80 JUSTICE ST CROSSVILLE, TN 38555		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 832	<p>1200-8-6-.08(2) Building Standards</p> <p>(2) The condition of the physical plant and the overall nursing home environment must be developed and maintained in such a manner that the safety and well-being of residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observations it was determined the facility failed to maintain the physical environment.</p> <p>The findings include:</p> <p>Observation of room 163 on 7/12/10 at 10:28 a.m. revealed the bathroom's ceiling had water damaged. Tennessee Department Of Health. (TDOH) 1200-8-6.08(2)</p> <p>Observation of room 151 on 7/12/10 at 10:48 a.m. revealed the ceiling had water damaged. TDOH 1200-8-6.08(2)</p> <p>Observation of room 147 on 7/12/10 at 10:47 a.m. revealed the ceiling had mold and water damaged. TDOH 1200-8-6.08(2)</p> <p>Observation of room 150 on 7/12/10 at 10:49 a.m. revealed the bathrooms' door was sticking to the floor. TDOH 1200-8-6.08(2)</p> <p>Observation of the house keeping room on 7/12/10 at 10:54 a.m. revealed no self-closer installed on the door. TDOH 1200-8-6.08(2)</p> <p>These findings were acknowledged by the Administrator and verified by the Director Of Maintenance at the exit interview on 7/12/10.</p>	N 832	<p>3) What measures will be put into place or What systematic changes will you make to ensure that the deficient practice will not recur?</p> <p>The Director of Maintenance will audit Ceilings for water damage and mold, Bathroom doors for easy closing ability, And housekeeping rooms for self closers monthly Per this facilities Preventative Maintenance Program to ensure functionality and code Compliance and present the audit findings to the QA Committee. Any areas found to be non compliant will be corrected.</p> <p>4) How will the corrective action be Accomplished for those residents found to have been affected by Deficient practices?</p> <p>The Director of Maintenance will present The findings of the Ceiling, Bathroom Door, And Self-Closer Audit and Preventative Maintenance Logs to the Quality Assurance Committee and Safety Committee Monthly for three consecutive months. The Quality Assurance Committee consisting of The Executive Director, Director of Nursing, Medical Director, Pharmacist, Business Office Manager, Staff Development Coordinator, Director of Medical Records, Director of Environmental Services, Director of Maintenance, Director of Social Services, Director of Admissions, Director of Rehab Services, Director of Activities, Director of Food and Nutrition Services, and Director Of Marketing; and the Safety Committee Consisting of a C.N.A, Activity Assistant, Business Office Associate, Executive Director, Maintenance Director, Dietary Associate, RN Staff Development Coordinator, and Director of Nursing will review the findings and Make recommendations and develop Plans of action if any areas are noted to Be non-compliant.</p>	<p>7/28/10</p> <p>7/28/10</p>

Division of Health Care Facilities

ATTEST: *Lateasa Morris*  
ATTESTORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

*Executive Director*

(X6) DATE

*7/29/10*

FORM

9895

ES3K21

If continuation sheet 1 of 1